ENTRY BLANK—PLEASE TYPE OR PRINT

160

Ms./Artist	SARAH	STEC	ouss wagge
		,	(last name last)
Permanent Address 13	4 UPLAND	Ave.	YOUX STOWN
	Street		City
44505	Daytime Tel.	(216)	744-2774
Zip		area	
Temporary or Studio Address _	AS A	1Bov	E
	Street		City
	Daytime Tel.	()	
Zip		area	
	ently live in one of the county where you born		the Western
Collaborator (if an	y)		
☐ Museum shoul☐ Museum shoul☐	d dispose of. d ship to artist at artis Street	t's expense:	
City	State		Zip
Special Instru	ctions		
	be completed in full an	d signed; for	ms received unsigned
When necessary, displaying an obje	include instructions or ect.	a drawing f	or assembling and
understood that the jects not picked u	e dates for both deliver he Museum shall dispo up by the dates given h will remain on exhibiti	ese for its overein. It is a	vn account any ob-
	f objects will be constrained conditions printed		cceptance by the
Signature	Jarah	otho	รับรร
I have received th	e unsold/unaccepted o	bject(s) in go	ood condition.
Signature			

ENTRY BLANKS

Detach entire portion along dotted line and submit with slides, but retain tags

	A PROPERTY OF THE	,		
A Pair			Photography (specify category)	
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	35 mm			
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	GRAPHICS AND PHOTO	GRAPHY ONLY		
Additional No. For Sale	Total No. in Edition	on Price Unframed	Price of Frame	
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×				
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B Scu			cify category)	
Materials used (m	edia):			
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Additional No.	Total No. in Edition		Price of	
For Sale 9	10	Unframed 150	Frame	
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X	IN THIS SECTION	X	ACB	
NOT ACCEPTED	0.13	NOT ACCEPTED	DATE	